

Please type a plus sign (+) inside the box

UTILITY

PATENT APPLICATION TRANSMITTAL

Attorney Docket No.

JBP529

First Inventor

Benjamin Wiegand, Laura McCulloch and Elvin Lukenbach

Title

Personal Care Formulations

Express Mail Label No.

EL190924145US

only for new nonprovisional applications under 37 CFR 1.53(b)

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.

3. ☒ Specification [Total Pages 31]

(Preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross Reference to Related Applications
- Background of the Invention
- Brief Summary of the Invention
- Detailed Description
- Claim(s) 20 claims
- Abstract of the Disclosure 1 page

4. ☐ Drawing(s) (35 USC 113) [Total Sheets]

5. Oath or Declaration [Total Pages]

a. ☒ Unexecuted (original or copy)

b. ☐ Copy from a prior application (37 CFR 1.63(d))

(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

18. ☒ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-Part (CIP) of prior application No.: PCT/EP00/05341, filed June 9, 2000.

Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or ☒ Correspondence Address below

Name: Philip S. Johnson, Esq.

Address: Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003 USA

19. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Erin M. Harriman at:

Telephone: (732) 524-3619 Fax: (732) 524-2808

19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

Erin M. Harriman

Reg. No. 40,410

SIGNATURE

Erin M. Harriman

DATE

December 6, 2000

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. ☐ Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ paper

c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))

10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure Statement

(IDS)/PTO-1449 ☐ Copies of IDS Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)

(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. ☐ Request and Certifications under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17. ☐ Other

12/06/00
09/731342
US PTO

FEE TRANSMITTAL	<i>Complete (if known)</i>	
	Application Number	09/604,563
	Filing Date	June 27, 2000
	First Named Inventor	Wiegand et al.
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	JBP529

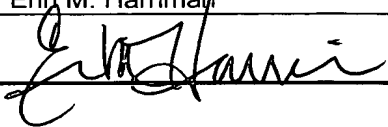
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	20 - 20 =		x 18.00	\$ 0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 710.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/JBP0529/EMH in the amount of \$710.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/JBP0529/EMH. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Erin M. Harriman	Reg. No. 40,410
Signature		Deposit Account No. 10-0750
	Date: 12/6/2000	

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: Wiegand et al.

For : PERSONAL CARE FORMULATIONS

Express Mail Certificate

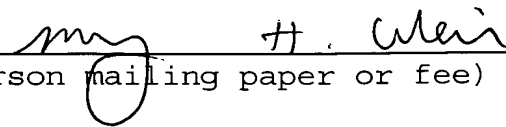
"Express Mail" mailing number: EL190924145US

Date of Deposit: December 6, 2000

I hereby certify that this complete application, including 31 pages specification, 20 claims, and abstract 1 page, transmittal cover sheet (2 pages) is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

A Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

~~Martin Rizzi~~ MURRAY H. Weir
(Typed or printed name of person mailing paper or fee)


(Signature of person mailing paper or fee)